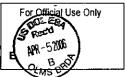
U.S. Department of Labor O: ce of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

CMSU			
1. File Number U - 12083	2. Fiscal Year Covered From:		
	1 / 1 / 2005 Through: 12 / 31 / 2005		
3. Name and address of person filing.	Name, file number, and address of labor organization.		
Name Patrick S Tracey	Name Plumbers & Pipefitters Local Union 25  Labor Organization File Number 025-912		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 8152 S Farr	Street 4600 - 46th Avenue		
City Savanna	City Rock Island		
State Illinois ZIP Code + 4 61074	State Illinois ZIP Code + 4 61201		
5. Position in labor organization. Business Manager			
monetary value from an employer whose employees your organizati	on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	on represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of filefest, fransaction, of matter.		
Name :			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	7.b. Amount.		
City	The state of the s		
State ZIP Code + 4			
Sign	lature		
15. Signature and verification. The undersigned declares, under penalty of	Perjury and other applicable penalties of the law, that all of the information ring documents), has been examined by the signatory and is, to the best of the		

Name cf-Person Filing Patrick Tracey	File Number U- 12083			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or se ling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Eastern IA/Western IL Mechanical Contractors	🗙 a. Labor Organization			
Trade Name, if any:	b. Trust			
P.O. Box, Bidg., Room No., if any	c. Employer			
Street 4711 - 44th Street, Suite 2				
City Rock Island				
State Illinois ZIP Code + 4 61201				
10. If 9.b. or 9.c. is checked give trust or employer's name	11.a. Nature of such dealing.			
Name				
Trade Name, if any:	; 			
P.O. Box, Bldg., Room No., if any	, 			
Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4	Hotel room reimbursement at educational seminar			
	12.b. Amount. \$149			
C. Received from any employer (other than an employer covered unde	r parts A and B above)			
or from any labor relations consultant to an employer any payment of money				
<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment			

Name of Person Filing p.	atrick Tracev
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File Nu	mber <b>U</b> -	12083
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## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling cr leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

40.00	
8. Name and address of Business (including trade name, if any).	9. Business deats with:
Name Eastern IA/Western IL Mechanical Contractors	× a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any	a Employee
Street 4711 - 44th Street, Suite ?	c. Employer
City Rock Island	
State Illinois ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employers name.	11.a. Nature of such dealing.
Name :	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	Reception cover charge at educational seminar
	12.b. Amount. \$38

Mamle of Person Filing Patrick Tracey	File Number U- 12083

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	Business deals with:	
Name Eastern IA/Western IL Mechanical Contractors	a. Labor Organization	
Trade Name, if any:	a. Educi organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
' <u>.</u>	; ' c. Employer	
Street 4711 - 44th Street, Suite 2	; C. Employer	
City Rock Island		
State Illinois ZIP Code + 4 61201		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		1
P.O. Box, Bldg., Room No., if any		
		:
Street		
City	1	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	l
	Christmas Party Fee	
	1	:
		•
		:
	<u> </u>	
	12.b. Amount.	\$60

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